FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| NEUG | nd Address of | 2. Issuer Name and Ticker or Trading Symbol AMERICAN INTERNATIONAL GROUP INC [AIG] | | | | | | | | | heck all a | applic rector | able) | g Per | son(s) to Iss 10% Ov Other (s below) | wner | | | |
|--|---|--|---|---------|--------------------------------------|----------------|---|---------------------------|--|------|---|--|--|---|---|--|-------------------------------------|--|--|
| (Last) (First) (Middle) AMERICAN INTERNATIONAL GROUP, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2008 | | | | | | | | | ecutive V | ice I | President | |
| 70 PINE | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) NEW YORK NY 10270 | | | | | | | | | | | Lir | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | erson | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | and Securiti Benefic | | ies For cially (D) Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | Tra | nsacti str. 3 a | ion(s) | | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, T | 4. Transactio Code (Inst 8) | | of Deriv | r osed) :. 3, 4 | 6. Date Exe Expiration (Month/Da | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. ! | ive y 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | opiration | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Purchase Plan | \$36.77 | 04/01/2008 | | | A | V | 271 | | 04/01/2009 | 9 04 | J/01/2009 | Common Stock | 271 | \$0 ⁽¹ |) | 271 | | D | |

Explanation of Responses:

1. Acquired pursuant to the American International Group, Inc. 1996 Employee Stock Purchase Plan.

Remarks:

/s/ Kathleen E. Shannon, by POA for Win J. Neuger

05/29/2008

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.